

Name

in  
Full

Solomon Bedsworth

## CERTIFICATE OF DEATH

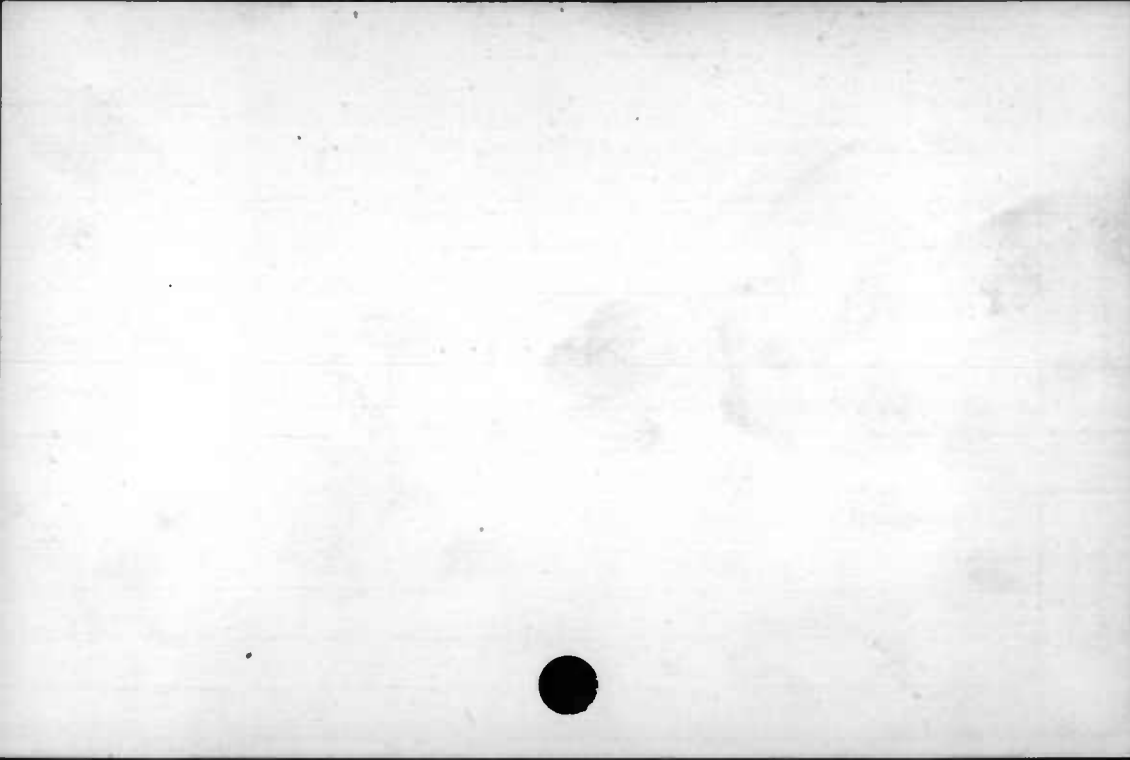
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Oriole</i> Town			County <i>Somerset</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>4</i>	Age <i>60 (?)</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>md.</i>			
Occupation <i>Cysteman</i>			Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sally nee Daniel</i>				
Father's Name <i>Whitty Bedsworth</i>			Father's Birthplace <i>md.</i>			
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>md.</i>			
Name of person giving information <i>Geo. W. Casmas</i>			How related to deceased <i>son</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>nephritis</i>	(120)	How long <i>about 1 yr.</i>
Immediate <i>uraemia</i>		How long <i>4 or 5 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>Chas. T. Foster, M.D.</i>	
	Address <i>Princetown, Md.</i>	
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *James Bevaus*  
Town *Prince George*County *Anne Arundel*Date of death *1907* Month *May* Day *19* Age *24* Years Months DaysSex *male* Color or Race *Black* Birth-place *md.*Occupation *Laborer* Where Residing if not at place of death *-*Married, Single or Widowed *married* Name of Wife or Husband *Effie Bevaus*Father's Name *Henry Bevaus* Father's Birthplace *md.*Mother's Maiden Name *Hermitta Elzey* Mother's Birthplace *md.*Name of person giving information *Orlando Bevaus* How related to deceased *Brother*

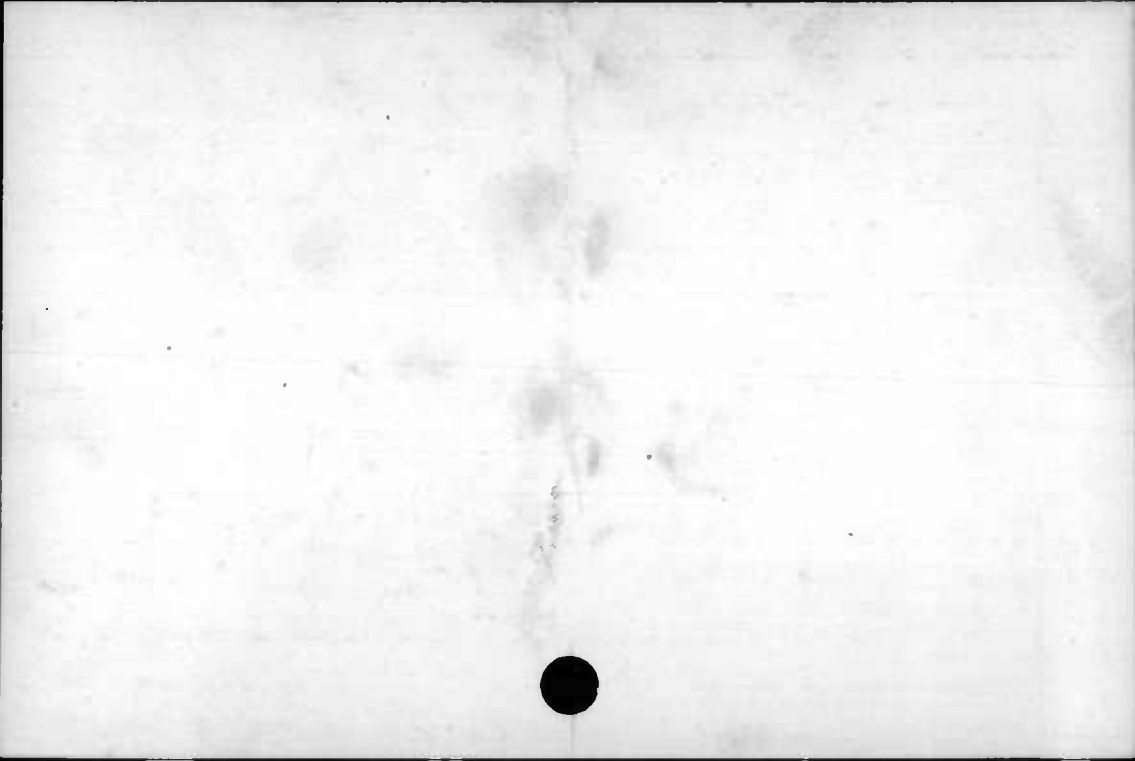
## CAUSES OF DEATH

127

PHYSICIAN  
OR CORONERPrimary *Pulmonary Tuberculosis* How long *About 1 yr.*Immediate *Cardiac Distress* How long *Several days*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Chas. T. Fisher, M.D.*

Address

Accident or Suicide?



Name  
in  
Full

*Benj. F. Cutlin*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Crisfield</i> <small>Town</small>		<i>Somerset</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i> <small>Month</small> <i>May</i> <small>Day</small> <i>15</i> <small>Age</small> <i>64</i> <small>Years</small>		<i>64</i> <small>Months</small>		<i>—</i> <small>Days</small>	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Somerset Co</i>			
Occupation <i>Sailor</i>		Where Residing if not at place of death			
<del>Married, Single or Widowed</del>		Name of Wife or <del>Husband</del> <i>Cornelia Cutlin</i>			
Father's Name <i>John Cutlin</i>		Father's Birthplace <i>Som. Co</i>			
Mother's Maiden Name <i>Patty</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>Thos. Cutler</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

**120**

PHYSICIAN  
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>Don't know</i>
Immediate <i>Coronary</i>	How long <i>11 years</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. F. Somers</i>
<i>No</i>	Address <i>Crisfield</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

Mary W. Fletcher

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Maconchain				Somerset			
Date of death	1907	Month	May	Day	20	Age	70
						Years	9
						Months	4
Sex	Female		Color or Race	White		Birth-place	Ireland
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Edward Fletcher		Father's Birthplace		Ireland		
Mother's Maiden Name	Lydia Fletcher		Mother's Birthplace		Ireland		
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

119

PHYSICIAN  
OR CORONER

Primary	Acute Nephritis	How long	5 days
Immediate	Heart Failure	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	G. W. Gill
		Address	Maconchain
			Mod.
Accident or Suicide?			



Mr Wesley Landon J. P.

Landonville

Mod.



# CERTIFICATE OF DEATH

Town <i>Farmington</i>				County <i>Dorchester</i>				MARYLAND			
Month <i>May</i>		Day <i>9</i>		Age <i>5</i>		Years <i>5</i>		Months <i>4</i>		Days <i>10</i>	
Color or Race <i>White</i>				Birth-place <i>Farmington</i>				Occupation			

TO BE ANSWERED BY NEAREST

Name of Wife or Husband		Father's Birthplace <i>Farmington</i>	
Father's Name <i>Oliver Ford</i>		Mother's Birthplace <i>Farmington</i>	
Mother's Maiden Name <i>Annie E Ford</i>		How related to deceased <i>Grandfather</i>	
Name of person giving information <i>Horatio Ford</i>			

## CAUSES OF DEATH

Primary <i>Diphtheria</i>	How long <i>8 or 9 days</i>
Immediate	How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. W. Gill</i>
Accident or Suicide?	Address <i>Moanahan Md.</i>



Mr J. W. Loander  
Landerville  
Md.

Name  
in  
Full

Ella Howard

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

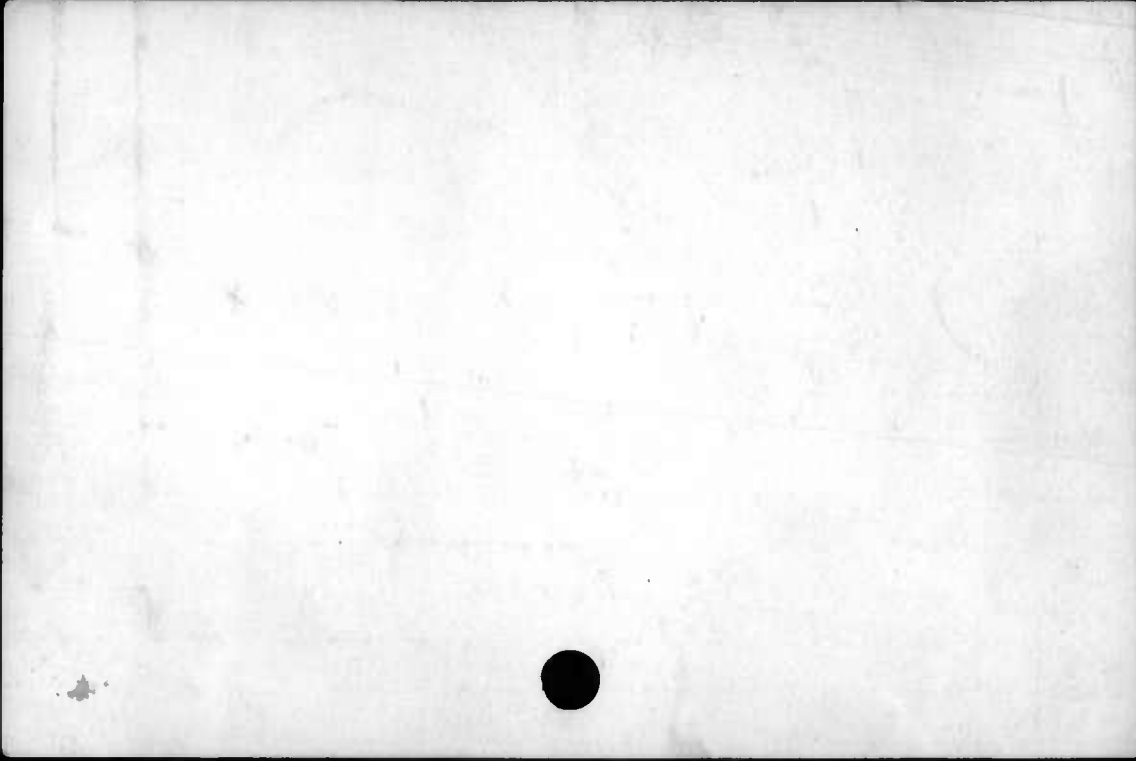
Died <input checked="" type="checkbox"/> near		Town <u>Monon</u>		County <u>Somerset</u>		MARYLAND	
Date of death	1907	Month	May	Day	11	Years	19
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Somerset Co</u>		Months	Days
Occupation <u>House work</u>		Where Residing if not at place of death					
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband		<u>Arthur Howard</u>			
Father's Name	<u>Robt Sufavor</u>		Father's Birthplace		<u>Somerset Co</u>		
Mother's Maiden Name	<u>Sims J. Evans</u>		Mother's Birthplace		<u>" "</u>		
Name of person giving information	<u>Evelyn Sufavor</u>		How related to deceased		<u>Sister</u>		

## CAUSES OF DEATH

80

PHYSICIAN  
OR CORONER

Primary	<u>Angina Pectoris</u>	How long	<u>20 minutes</u>
Immediate	<u>"</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>D. L. B. Allen</u>
		Address	<u>Monon, Ind.</u>
Accident or Suicide?			



Name  
in  
Full

Clara P. Jones

## CERTIFICATE OF DEATH

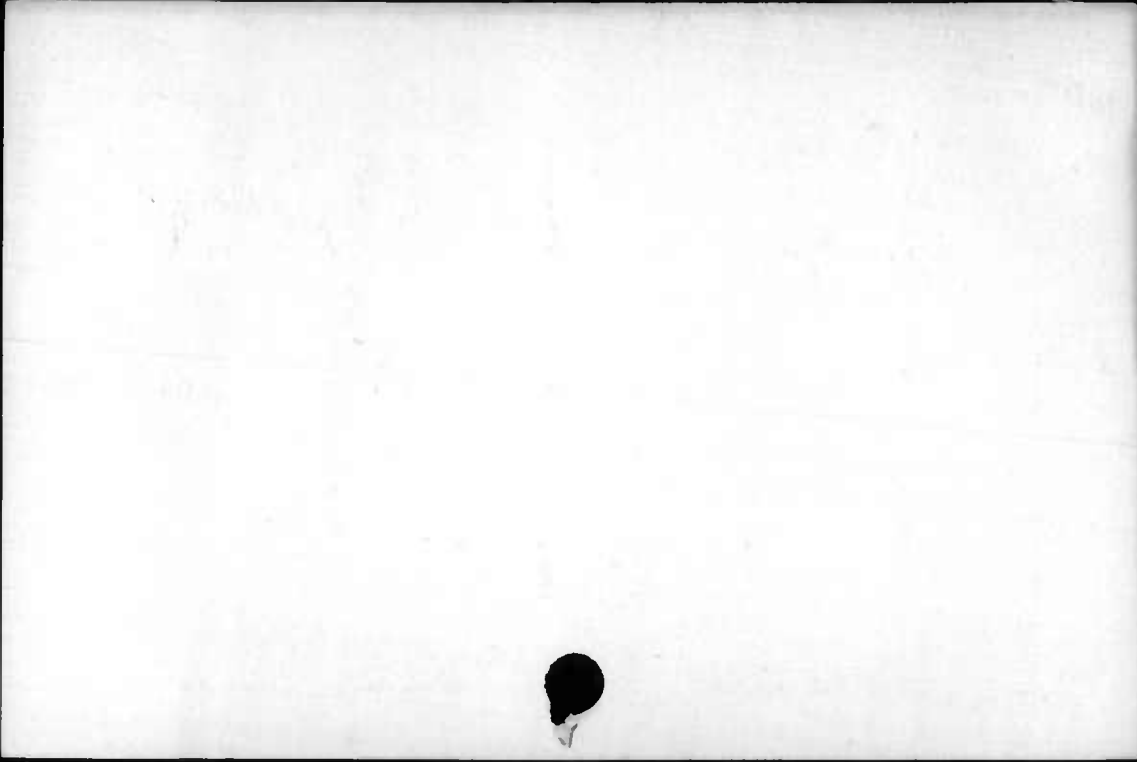
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Deals Island</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>16</i>	Age	Years	Months <i>7</i>
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Deals Island Md</i>		Days <i>6</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>Deals Island Md</i>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Turnell Jones</i>		Father's Birthplace <i>Virginia</i>			
Mother's Maiden Name <i>Susan Catmon</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Samuel Horsey</i>		How related to deceased <i>Step Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Croup</i>	<i>9</i>	How long <i>12 months</i>
Immediate <i>Apoplexy</i>		How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo. S. Farmer, Sr. Registrar</i>	
	Address <i>Deals Island, Md.</i>	
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

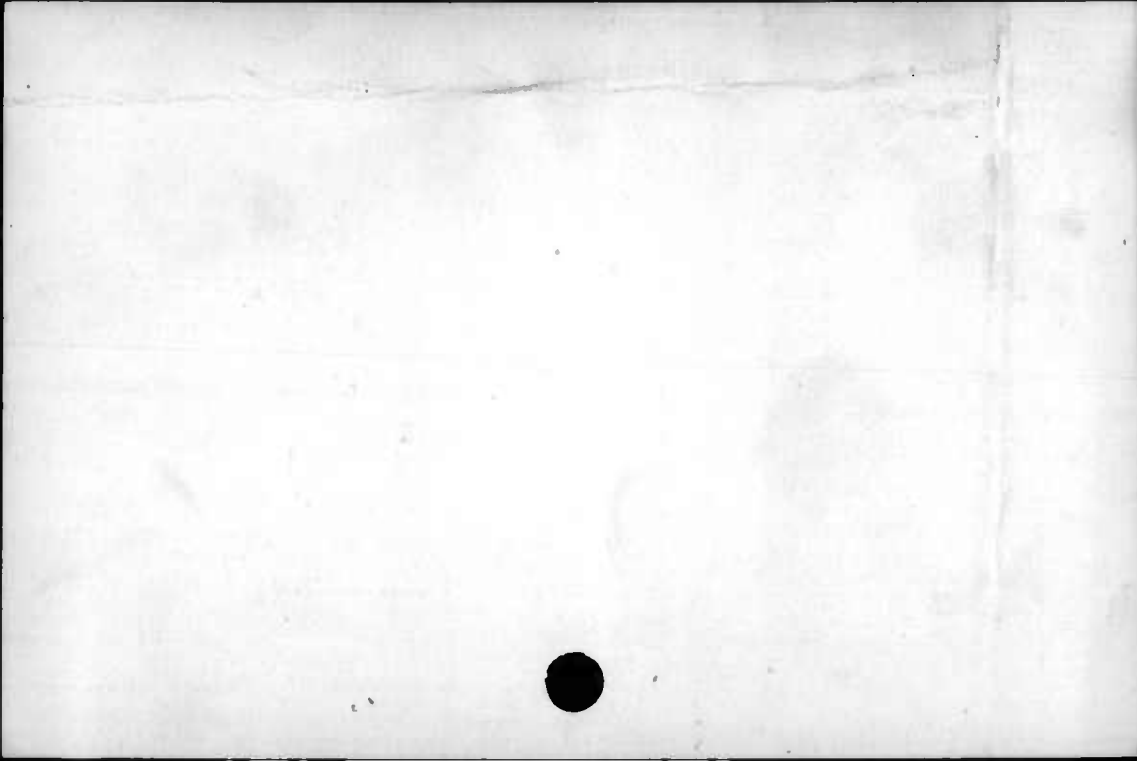
Died at <i>Grannville</i> <sup>Town</sup>		<i>Leatherberry</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>30th</i>	Age <i>26</i>	Months	Days <i>1</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth place <i>Somerset Co.</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Mary Jane (deceased)</i>				
Father's Name <i>Joshua Leatherberry</i>	Father's Birthplace <i>Som. Co.</i>				
Mother's Maiden Name <i>Alice Roberts</i>	Mother's Birthplace <i>Som. Co.</i>				
Name of person giving information <i>Susan Williams</i>	How related to deceased <i>Aunt</i>				

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>Possibly 6 mos.</i>
Immediate <i>Asthma</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D. J. Windsor</i>
	Address <i>Grannville, Somerset Co., Md.</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

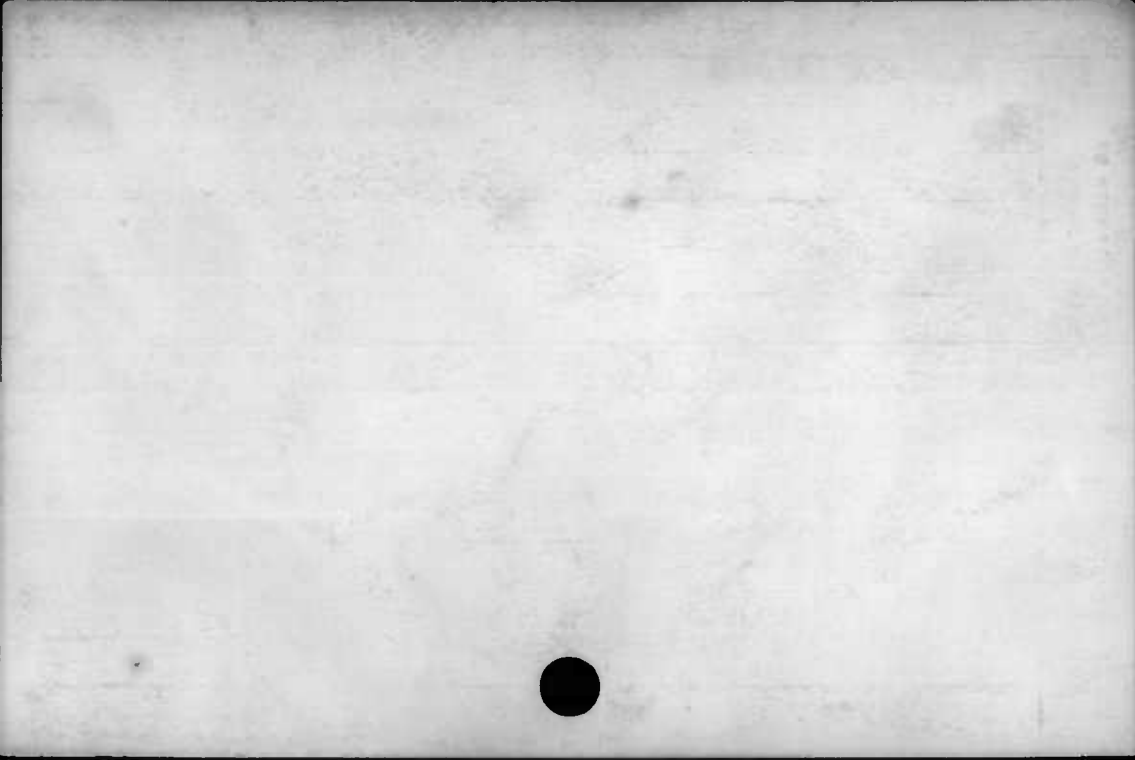
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Phila</i> <small>Town</small>		<i>County</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>18th</i>	Age <i>45</i>	Months <i>2</i>	Days <i>18</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Somerset Co.</i>		
Occupation <i>Solicitor</i>	Where Residing if not at place of death <i>248 N 9th St. Phila</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>G. A. Maddox</i>	Father's Birthplace <i>Som. Co. Md</i>				
Mother's Maiden Name <i>Elizabeth W. Maddox</i>	Mother's Birthplace <i>Somerset Co</i>				
Name of person giving information <i>Archbold Todd</i>	How related to deceased <i>Marriage</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name  
in  
Full

Malinda Master

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

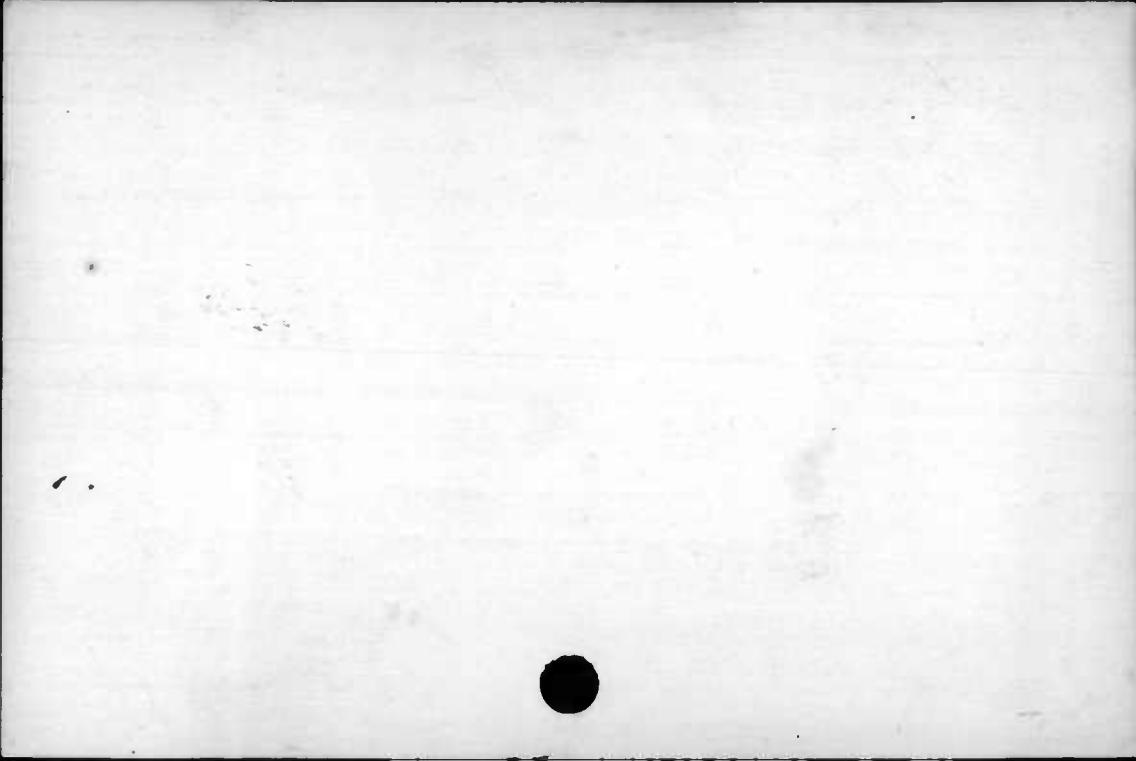
Died at		Town Prinfield		County Somerset		MARYLAND	
Date of death		Month May	Day 18	Years 1907	Months	Days	
Sex	Female		Color or Race	White		Birthplace	Tangier Va
Occupation	House work		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband	Lankford Master			
Father's Name	George Pruitt		Father's Birthplace	Tangier Va			
Mother's Maiden Name	Malinda Pruitt		Mother's Birthplace	Tangier Va			
Name of person giving information	E. F. Marshall		How related to deceased	Bro. in Law			

## CAUSES OF DEATH

29

PHYSICIAN  
OR CORONER

Primary	Indistinct Tuberculosis		How long	6 mos
Immediate	Are the name, age, sex, color, date and place correctly given above?		3	
Signature of Physician		C. E. Callins		
Address		Prinfield		
Accident or Suicide?				



Name  
in  
Full

Otis Mister

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Cumfeld Town Somerset County MARYLAND

Date of death 1907 Month May Day 12 Age 8 Years — Months — Days —

Sex Male Color or Race White Birth-place Cumfeld

Occupation School Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Lankford Mister Father's Birthplace Smiths Island

Mother's Maiden Name Mahinda Pruitt Mother's Birthplace Tangier Va

Name of person giving information E. F. Marshall How related to deceased Uncle

## CAUSES OF DEATH

(20)

PHYSICIAN  
OR CORONERPrimary Ortural Operation

How long

Immediate Septicemia

How long

5 days

Are the name, age, sex, color, date and place correctly given above?

yes

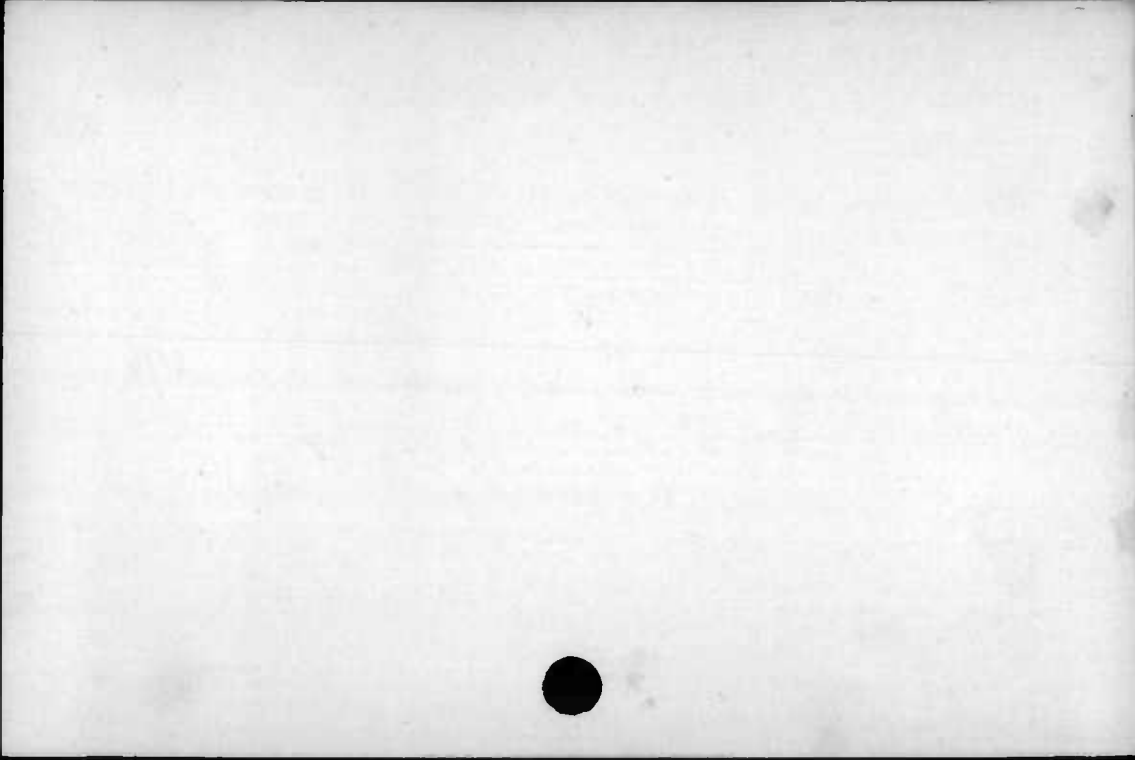
Signature of Physician

Address

Ed Collins  
Cumfeld  
Md

Accident or Suicide?

No



Name  
is  
Full

Emily C. Parks

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

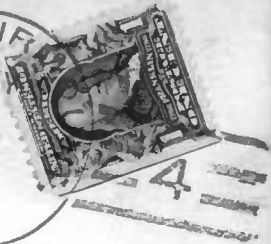
Died at <i>Hammond</i>		County <i>Sumner</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>5</i>	Day <i>24</i>	Age <i>58</i>	Months <i>3</i>	Days <i>2</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Bergha</i>		
Occupation <i>House Keeper</i>		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband <i>Thomas J. Parks</i>				
Father's Name <i>Wm Price</i>	Father's Birthplace <i>Pa</i>				
Mother's Maiden Name <i>Margaret M. Price</i>	Mother's Birthplace <i>Va</i>				
Name of person giving information <i>Asa C. Kellogg</i>	How related to deceased <i>Uncle</i>				

## CAUSES OF DEATH

167

PHYSICIAN  
OR CORONER

Primary <i>Insanity</i>	How long <i>1 Year</i>
Immediate <i>Injury from Burn</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. S. Miles</i>
	Address <i>Upper Hammond Sumner Co. Md</i>
Accident or Suicide?	



J. W. Gandon

Gandonville

Ma



Name  
in  
Full

Frank Tyler

## CERTIFICATE OF DEATH

Died at

Crisfield

County

Somerset

MARYLAND

Date

of death 1907 May 16

Age

62

Months

Days

Sex

Male

Color or  
RaceBirth-  
place

Md

Occupation

Water Man

Where Residing if not  
at place of death

Crisfield Md

Married, Single  
or Widowed

Married

Name of Wife or  
HusbandFather's  
Name

Silas Tyler

Father's  
Birthplace

Md

Mother's  
Maiden Name

Southman

Mother's  
Birthplace

Southman

Name of person giving  
Information

Frank Tyler

How related  
to deceased

Son

## CAUSES OF DEATH

Primary

Drowning

How long

172

Immediate

Drowning

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

W. H. Coulbourn

Address

Crisfield Md  
Somerset Co

Accident or Suicide?

Accident

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

William Edward Ward

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hopewell</i>		Town <i>Somerset</i>		County		MARYLAND	
Date of death	190	Month	May	Day	24	Age	54
Sex	male	Color or Race	White	Birth-place		<i>Hopewell Md</i>	
Occupation	Merchant			Where Residing if not at place of death		+	
Married, Single or Widowed	Single		Name of Wife or Husband		+		
Father's Name	Thomas Ward			Father's Birthplace		<i>Hopewell Md</i>	
Mother's Maiden Name	Susan Thomas			Mother's Birthplace		<i>Baltimore Md</i>	
Name of person giving information	Mrs Annie Tower			How related to deceased		Sister	

CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary	<i>Apoplexy Meningeal</i>		How long	<i>Two hours</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yr</i>		Signature of Physician	<i>W. F. Howell</i>
			Address	<i>Crifield Md</i>
Accident or Suicide?	<i>No</i>			



Name  
in  
Full

John L. Waters

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

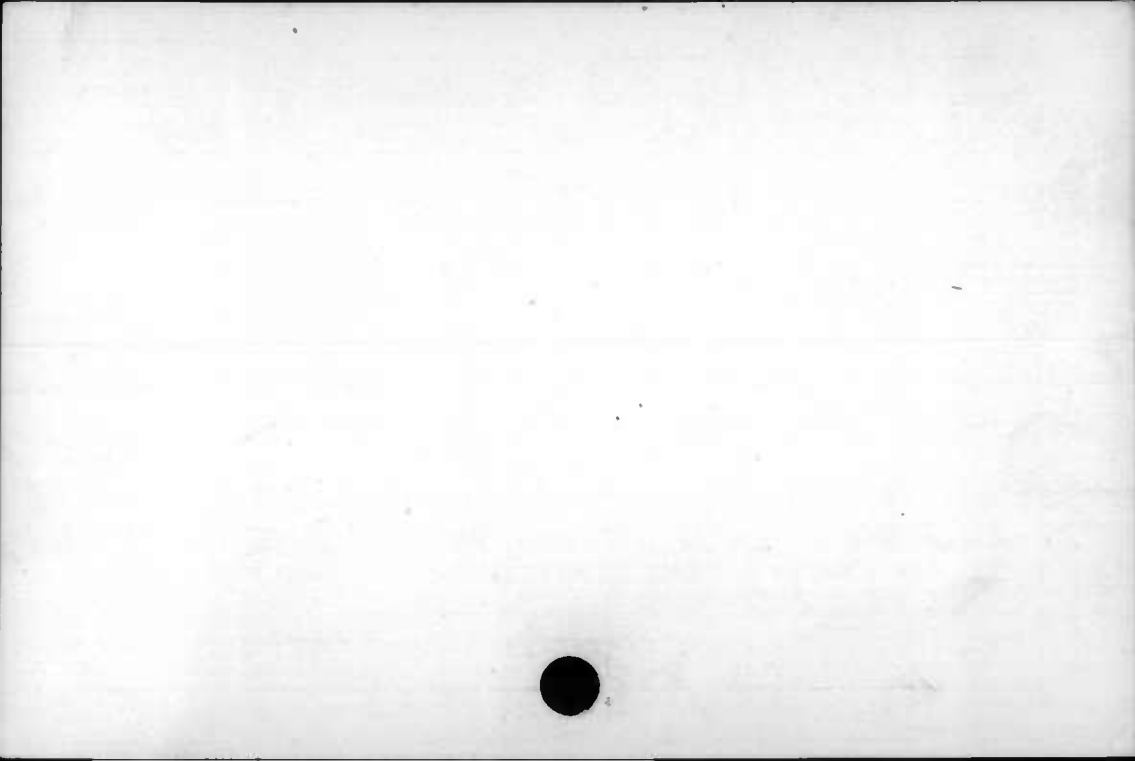
Died at <i>near Mt. Vernon</i>			Town <i>Somers</i>		County <i>Somers</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>May</i>	Day <i>30</i>	Age <i>70</i>	Years	Months	Days	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Ind.</i>				
Occupation <i>Farmer</i>				Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Estel Waters</i>						
Father's Name <i>John Waters</i>		Father's Birthplace <i>Ind.</i>						
Mother's Maiden Name <i>Olinia</i>		Mother's Birthplace <i>Ind.</i>						
Name of person giving information <i>John L. Waters</i>		How related to deceased <i>Son</i>						

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	<i>Nephritis &amp; Senility</i>	How long	<i>4 yrs.</i>
Immediate	<i>Uraemic Coma</i>	How long	<i>Two days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>Chas. F. ...</i>	
		Address <i>Princess Anne, Md.</i>	
Accident or Suicide?			



Name  
In  
Full

Infant Still Born Webster

## CERTIFICATE OF DEATH

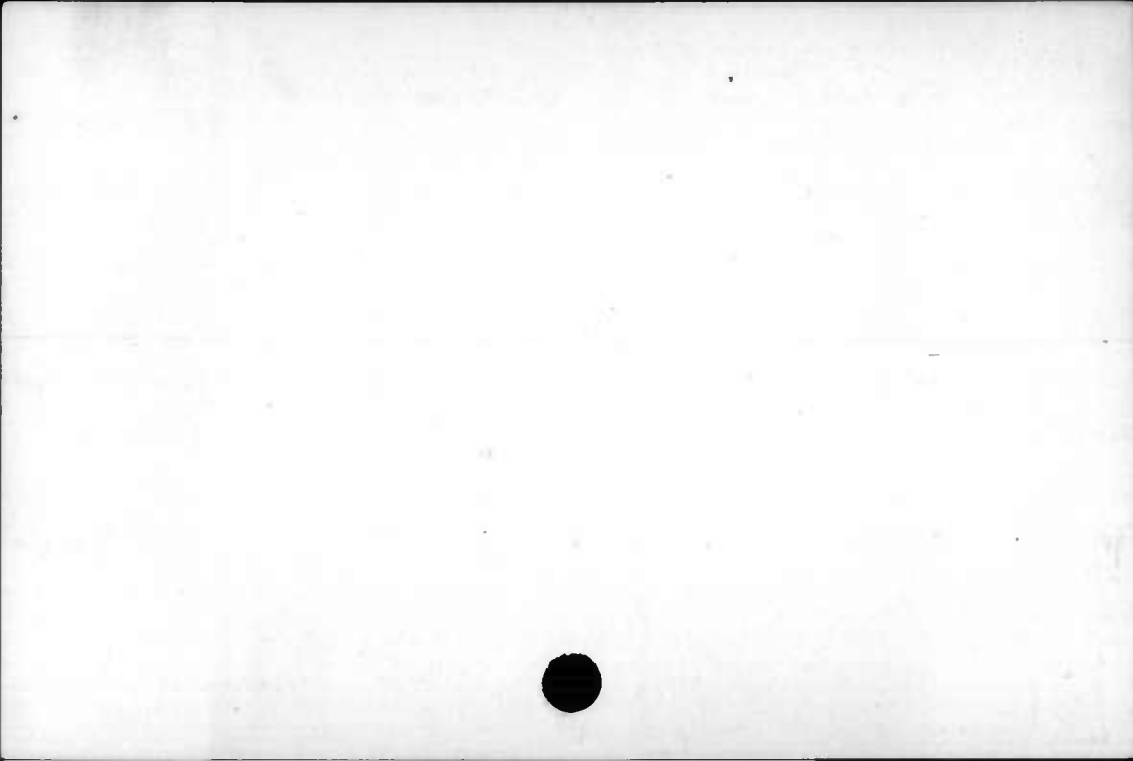
TO BE ANSWERED BY  
NEAREST FRIEND

Died at Deal's Island.		County Somerset		MARYLAND	
Date of death	1907	Month	May	Day	22
Age	Years		Months		Days
Sex	male		Color or Race	white	
Occupation	—		Birth-place	Deal's Id. Md.	
Where Residing if not at place of death			Deal's Island, Md.		
Married, Single or Widowed	—		Name of Wife or Husband	—	
Father's Name	Jacob P. Webster		Father's Birthplace	Maryland	
Mother's Maiden Name	Laura K. Windsor		Mother's Birthplace	Maryland	
Name of person giving information	J. W. Fensy, Undertaker		How related to deceased	None	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary.	Cont <del>X</del> No		How long	—
Immediate	—		How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
—		Address		
—		Deal's Island, Md.		
Accident or Suicide?		—		





Name  
in  
Full

## CERTIFICATE OF DEATH

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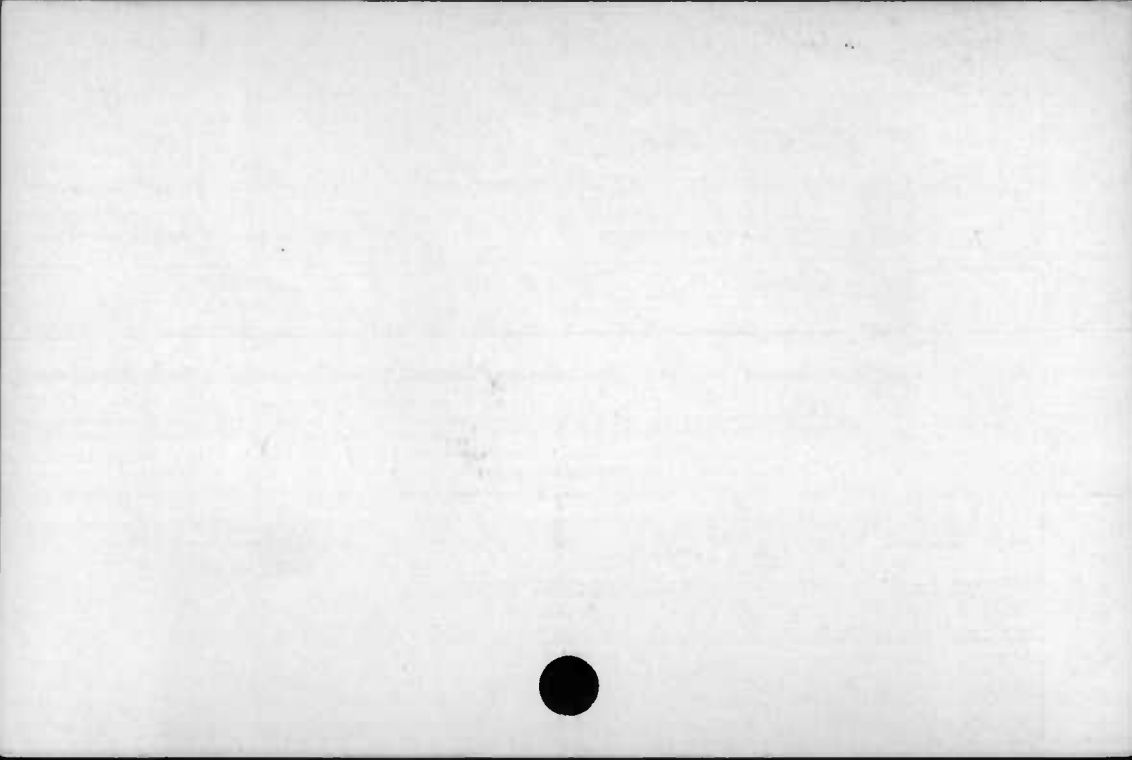
Died at <i>Deal Island</i> <sup>Town</sup>		<i>Somerset</i> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	May	Day	22
Sex	Female	Color or Race	White	Years	
Occupation	None	Birth-place	Deal Island	Months	
Where Residing if not at place of death			Place of death		
Married, Single or Widowed		Name of Wife or Husband			
Single					
Father's Name		<i>David J. Webster</i>		Father's Birthplace	
				Deal Island	
Mother's Maiden Name		<i>Eunice Graham</i>		Mother's Birthplace	
				Deal Island	
Name of person giving information		<i>Mora Twigg</i>		How related to deceased	
				Aunt	

## CAUSES OF DEATH

150

PHYSICIAN  
OR CORONER

Primary	<i>Malformation (not located) probably -</i>	How long	<i>1 day</i>
Immediate	<i>Asphyxia (probably) -</i>	How long	<i>Not known exactly</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<i>H. G. Alexander</i>	
		Address	
		<i>P. Somerset</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Beale Island</i>		Town <i>Somerset</i>		County		MARYLAND	
Date of death	1907	Month	May	Day	21	Years	55
Sex	Female		Color or Race	White		Birth-place	Beale Island
Occupation	Housekeeper (her own)		Where Residing if not a place of death		At place of death		
Married, Single or Widowed	Widowed		Name of Wife or Husband	Geo. W. Windsor			
Father's Name	Samuel White		Father's Birthplace	Beale Island			
Mother's Maiden Name	Sarah J. Phares		Mother's Birthplace	Beale Island			
Name of person giving information	Bessie White		How related to deceased	Daughter			

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary	<i>Apoplexy</i>	How long	<i>4 days</i>
Immediate	<i>Dyspnoea</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		<i>J. G. Alexander</i>	
		Address	
		<i>Somerset Co.</i>	
Accident or Suicide?			

